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December 20, 2007

2006-42-C

Mr. Charles L. A. Terreni
Chief Clerk and Administrator
South Carolina Public Service Commission
Synergy Business Park, The Saluda Building
101 Executive Center Drive
Columbia, South Carolina 29210

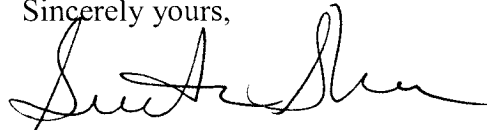
RE: FRC, LLC

Dear Mr. Terreni:

Enclosed please find the original and one copy of an Authorized Utility Representative Form reflecting a change in registered agent information on behalf of the above-referenced carrier. Please clock in a copy of this request and return it in the enclosed self-addressed, stamped envelope.

By copy of this letter, I am furnishing a copy to the South Carolina Office of Regulatory Staff. If you have any questions or need further information, please do not hesitate to contact me.

Sincerely yours,



Sue-Ann Gerald Shannon

cc: Ms. Jeanne Gordon, Office of Regulatory Staff
Mr. Terry R. Metze, Jr.

RECEIVED

DEC 28 2007

FOCUS
MAIL / DMS

AUTHORIZED UTILITY REPRESENTATIVE FORM

TYPE: ☐ IXC ☐ CLEC ☐ ILEC ☐ Water ☐ Sewer ☒ Carrier's Carrier

CERTIFICATED COMPANY INFORMATION

Company Name: FRC, LLC FEIN/SSN: [REDACTED]

Dbaf/ka: N/A Telephone #: (803) 726.8300

Mailing Address: 1500 Hampton Street, Suite 100
Columbia, SC 29201

City, State, Zip Code: 1500 Hampton Street

Business Location: Columbia, SC 29201 County: Richland

City, State, Zip Code: _____

REGISTERED AGENT INFORMATION [Change]

Registered Agent: M. John Bowen, Jr., Esquire

Mailing Address: 1301 Gervais Street, 11th Floor
Columbia, SC 29201

City, State, Zip Code: _____

Pursuant to the Commission's rules and regulations, print or type company contact for the following areas:

- A. Regulatory Officer: _____
- _____
Telephone Number / Facsimile Number / E-mail Address
- B. Customer Complaints: _____
- _____
Telephone Number / Facsimile Number / E-mail Address

CONTINUE ON BACK

C. Engineering Operations _____

Telephone Number / Facsimile Number / E-mail Address

D. Test and Repair: _____

Telephone Number / Facsimile Number / E-mail Address

E. Emergencies: _____
(During Non-Office Hours)

Telephone Number / Facsimile Number / E-mail Address

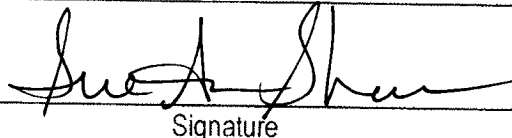
F. Financial: _____

Telephone Number / Facsimile Number / E-mail Address

G. Customer Contact (Toll Free) _____

Sue-Ann G. Shannon

This form was completed by



Signature

Title: Attorney

Date:

12-19-07

RETURN COMPLETED FORM TO: Public Service Commission of SC

Docketing Department

Post Office Drawer 11649

Columbia, South Carolina 29211

And

Office of Regulatory Staff

Attn: Jeanne Gordon

Post Office Box 11263

Columbia, South Carolina 29211